

ABSTRACT

Background Access to prompt and effective treatment of malaria is a fundamental right of all populations at risk; many countries have not met the target of 60% of children treated with effective antimalarial drugs within 24 h of fever onset. While community case management of malaria is effective for increasing coverage, evidence is mixed on whether it improves equity. The objective of this study was to assess whether a community case management of a malaria programme delivered by community health workers (CHW) in two districts of Kenya improved access and equity.

Methods Data on child fever treatment practices, malaria prevention and CHW visits was collected through cross-sectional household surveys in project communities before (December 2008) and after 1 year of intervention (December 2009). Indicators were analysed by household wealth rank (grouped into poorest [bottom 20%], poor [middle 60%] and least poor [top 20%]) and survey.

Results Data were available from 763 households at baseline and 856 households at endline. At endline, access to prompt and effective malaria treatment was higher compared with baseline for all groups, with the highest proportions among the poorest (67.6%) and the poor (63.2%), and the lowest proportion among the least poor (43.4%). Corresponding data suggest this was linked to the household's interaction with a CHW as the source of advice/treatment for child fever.

Conclusion These findings provide evidence that in a resource-poor setting, CHWs can provide lifesaving interventions to the poorest.